

and extent of pharmacist-physician communication for prescription clarification, (2) describe the interventions made by pharmacists as a result of physician office communications, and (3) determine the time involved with prescription clarifications between physician offices and pharmacies.

**Methods:** A cross-sectional study was conducted in five independent community pharmacies. A data collection form was developed to collect information about the communication initiator and method, number and type of health professional/staff involved, reason for communication, resolution, number of contacts required, and time involved to resolve the problem. Pharmacy staff were trained to complete the form whenever they contacted a physician office or received a communication from a physician office about a new or refill prescription that required clarification. Data were collected over a 14-day period during late January 2014.

**Results:** A total of 155 communications were recorded. Pharmacists initiated contact for 66% of the communications compared with 24% for technicians. Pharmacy communication methods were person-to-person phone calls (50%) and faxes (38%). Sixty-eight percent of communications were for new prescriptions; phone/fax prescription accounted for 50% of the pharmacy-physician office communications, with 17% of clarifications for e-prescriptions. At the physician office, 9% of communications were with physicians and 34% were handled by nurses or office staff. Prior authorizations and missing prescription information were the most frequent reasons for communication. The most frequent resolutions were to dispense with a different drug or strength. Person-to-person phone contacts had an 80% resolution rate compared with a 55% resolution rate for fax contacts ( $P < 0.001$ ). The time to resolve the prescription issue ranged from 6 minutes to 14 days.

**Conclusion:** Most pharmacy-physician office communications for prescription clarifications were initiated for missing information on new prescriptions and prior authorizations. While sending a fax may be quicker to initiate, person-

to-person communication had a higher resolution rate and can improve the efficiency in resolving prescription clarifications.

**410—PHARMACY-SPECIFIC MEDICAL SUBJECT HEADINGS ASSIGNMENT TO ARTICLES PUBLISHED IN THE JOURNAL OF THE AMERICAN PHARMACISTS ASSOCIATION.** Salgado T, University of Michigan, Minguet F, Valencian Pharmacy Practice Research Group, van den Boogerd L, Utrecht University, Fernandez-Llimos F, University of Lisbon College of Pharmacy, E-mail: f-llimos@ff.ulisboa.pt

**Objective:** Inaccurate assignment of Medical Subject Headings (MeSH) to articles published in pharmacy journals can have undesirable implications when searching the literature to support an evidence-based pharmacy practice. The objective of this study was to assess the quality of PubMed pharmacy-specific MeSH assignment to articles published in the *Journal of the American Pharmacists Association* (JAPhA).

**Methods:** PubMed records of all articles published in JAPhA from January 2008 to December 2012 were retrieved on August 2013 using EndNote and were then exported into Microsoft Excel files. All MeSH terms assigned to those articles were isolated and specific pharmacy MeSH terms were identified.

**Results:** A total of 604 articles indexed over a 5-year period were retrieved from JAPhA. Of these, 54 (8.9%) did not have any MeSH terms assigned. The mean delay time for MeSH terms assignment was 92.5 days (SD = 52.5). The remaining 550 fully indexed articles presented a total of 6,135 MeSH terms resulting in 11.2 (SD = 4.5) MeSH per article. Only 833 (13.6%) of these were pharmacy-specific MeSH terms. Of the 550 fully indexed articles, 130 (23.6%) were indexed without any pharmacy-specific MeSH, 136 (24.7%) were indexed with one pharmacy-specific MeSH, 186 (33.8%) with two, 69 (12.5%) with three, 28 (5.1%) with four, and only one article (0.2%) was indexed with six pharmacy-specific MeSH terms. The prevalence of pharmacy-specific MeSH terms used to index articles was as follows: 50.4%

for "Pharmacists," 24.9% for "Community Pharmacy Services," and 19.3% for "Pharmaceutical Services." Only one article was indexed with the specific MeSH "Pharmacy Administration," and only two articles respectively presented the MeSH terms "Behind-the-Counter Drugs" and "Technology, Pharmaceutical."

**Conclusion:** More than 20% of JAPhA indexed articles do not contain any pharmacy-specific MeSH and 50% have not been indexed with the MeSH "Pharmacists" as would be expected for JAPhA.

**411—POSITIONS ACCEPTED AFTER COMPLETING A POSTGRADUATE YEAR 1 COMMUNITY PHARMACY RESIDENCY WITH A SUPERMARKET CHAIN.** Cooper M, Fisher C, Kroger Pharmacy, Hohmeier K, University of Tennessee, E-mail: mcoope22@uthsc.edu

**Objective:** The purpose of this study is to identify the types of positions that pharmacists, who have completed a postgraduate year 1 (PGY1) residency in community pharmacy practice from 2008 to 2012, have accepted and the types of positions they feel qualified to hold in the future.

**Methods:** A self-administered online survey will be sent to pharmacists who completed a PGY1 community pharmacy residency at a large supermarket chain from 2008 to 2012. Contact information for past residents will be obtained from community pharmacy residency directors and preceptors. The survey will collect data about job positions each resident has held since completing the residency program. The survey also will assess the type of position the past resident feels qualified to hold in the future as a result of the experience gained by completing a PGY1 community pharmacy residency. Secondarily, the survey will assess the level of academic involvement of each participant. The survey will be pilot tested by a sampling of pharmacists in the supermarket chain. The pharmacists will be asked to provide feedback on the content, clarity, and comprehensibility. The survey will then be revised and sent via e-mail to past community pharmacy